## WEEKLY COVID-19 REPORT FOR EXTERNAL USE

## WEEK OF: MONDAY, DECEMBER 13, 2021

KEY TAKEAWAYS	2
1.0 COVID-19 SNAP SHOT	4
1.1 Total Tests & Percent Positivity by Modality in Richmond and Henrico	4
1.2 Confirmed Cases, Hospitalizations, Fatalities, & Probable Cases by County	4
1.3 Current COVID-19 Richmond Catchment Area Hospitalizations	5
2.0 COVID-19 CASES	6
2.1 Summary of Cases	6
2.2 Case Reporting Trends by Date	6
2.3 Cases by Age Group by County	9
2.4 Cases & Population Proportions by Race & Ethnicity by County	11
3.0 Hospitalizations & Fatalities	12
3.1 Summary of Hospitalizations & Fatalities	12
3.2 COVID-19 Hospitalization, ICU, & Ventilator Utilization (VHASS)	12
4.0 VACCINATION	13
4.1 Vaccine Summary	13
4.2 Percentage of Vaccination Goals Reached by Population	13
4.3 Vaccinations by Locality as of December 13, 2021	14
4.4 Vaccine Distribution by Age Group over Time	14
4.5 Vaccine Distribution by Race/Ethnicity over Time	16
4.6 Vaccine Distribution Maps	18
Vaccination Percentage by Census Tract	18
COVID-19 Case Rate per 100k & Low Vaccination Percentage Tracts	19
Social Vulnerability & Low Vaccination by Census Tract	20
5.0 Glossany	21

#### **KEY TAKEAWAYS**

#### Cases

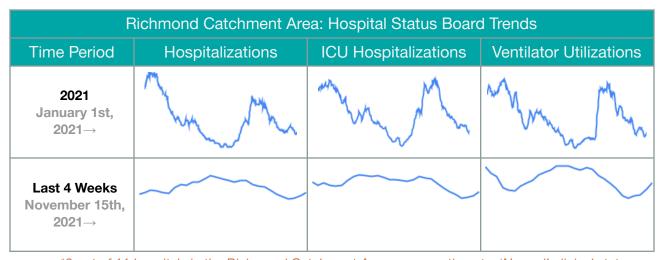
Cases in Richmond have **plateaued** over the past month, but appear to be **increasing** in Henrico. In Richmond City, the level of community transmission is still considered **High** according to the <u>CDC Covid Data Tracker</u>, while in Henrico County the rating has been upgraded from **Substantial** to **High**.

7-day total case rate per 100,00					
District	This Week Last Week				
Henrico	225.50	167.77			
Richmond	161.87	130.19			

Richmond & Henrico			
Demographic	Cumulative Highest		
Age	20-29 Year Olds 80+		
<b>Sex</b> Female			
Race	Latino & Black		

### **HOSPITALIZATIONS & FATALITIES**

Among Richmond City and Henrcio residents, **hospitalizations** based on confirmed dates of admission have continued to fluctuate following an uptick during late October. During the week of December 7 and 13, less than **5 new hospitalizations** were observed in Richmond and in Henrico. **Fatalities** peaked during the week of September 7 in Richmond, and the week of September 14 in Henrico, with **14 fatalities** reported in each of the districts. In Richmond, a recent uptick can be noted during the week of November 2. **Data related to hospitalizations and deaths are subject to sizable amounts of lag.** 



• \*9 out of 11 hospitals in the Richmond Catchment Area are operating at a 'Normal' clinical status, while 1 is operating at "Level 1" status and 1 is operating at "full" status.

## **VACCINATIONS**

In Richmond City and Henrico County Health Districts, anyone aged 5 or older is eligible to receive a vaccine. Pharmacies appear to be administering the largest percentage of vaccines to Richmond and Henrico residents, compared with other providers.

Local Vaccination Stats & Regional Comparison					
Location ≥ 1 Dose Complete Booster					
Richmond City & 66.7% 61.8% 24.8%					
Region 68.7% 61.8% 18.2%					

Vaccination Demographic Trends					
Demographic Richmond City Henrico County					
<b>Age Groups</b> 65+ 30+ 12-17					
Sex	Female				
Race	Asian/Pacific Islander & Latino				

In both Richmond and Henrico, older age groups have consistently been vaccinated at a higher rate than younger age groups. Section 4 includes an estimated breakdown of vaccination uptake by race and age subgroups.

#### 1.0 COVID-19 SNAP SHOT

### 1.1 Total Tests & Percent Positivity by Modality in Richmond and Henrico

Total tests by testing modality and the associated 7-day average in percent positivity are summarized in the table below. Data are from the <u>VDH public dashboard</u> on December 13, 2021.

	RICHMOND CITY		HENRICO COUNTY	
	Tests	Positivity	Tests	Positivity
PCR*	349,453	7.6%	543,864	8.0%
Antigen	94,717	6.9%	188,001	8.3%
Total (PCR, antigen, and antibody)	449,576	7.7%	743,281	8.3%

## 1.2 Confirmed Cases, Hospitalizations, Fatalities, & Probable Cases by County

CASE STATUS	RICHMOND CITY	HENRICO COUNTY	VIRGINIA
New cases this week (December 13)	400	725	17639
All cases	25762	37255	1000694
Confirmed cases	19976	25783	734937
Hospitalizations	950	1219	37910
Deaths	327	656	12547
Probable cases	5786	11472	265757
Hospitalizations	23	55	2390
Deaths	49	82	2410
Case rate per 100,000	11179.7	11261.5	11723.9

Weekly cases added are estimated as the difference between the cases recorded from the current and prior week

Case Rate per 100,000=(confirmed+probable)/population count \*100,000.

Population estimates for the case rate are from 2019 data compiled by the National Center for Health Statistics (NCHS).

### 1.3 Current COVID-19 Richmond Catchment Area Hospitalizations

The following section utilizes data from the Virginia Healthcare Alerting & Status System (VHASS) COVID-19 Hospital Status Board. This data reflects the following hospitals in the Richmond Catchment Area (Chesterfield County, Hanover County, Henrico County, & Richmond City): VCU Health System, Retreat Doctors', Bon Secours Community, CWJ Chippenham, CWJ Johnson Willis, VA Medical Center, Bon Secours St. Mary's, Henrico Doctors, and Parham Doctors, Bon Secours St. Francis, and Memorial Regional Medical Center.

	TOTAL IN USE FOR COVID-19	CURRENTLY AVAILABLE
Confirmed Hospitalizations	190	93
Pending Hospitalizations	17	93
Confirmed - ICU	32	38
Pending - ICU	*	36
Confirmed - Ventilators	30	294
Pending - Ventilators	*	234

Within the 11 hospitals that comprise the Richmond catchment area, there are currently 93 total available hospital beds, 38 available adult ICU beds, and 294 available ventilators. Based on the VHASS hospital dashboard on December 13, 2021, 9 hospitals in the Richmond Catchment area are operating at normal clinical status, while 1 is operating at Level 1 clinical status and 1 is operating at Full clinical status

\*A clinical status of "normal" indicates that hospital clinical resources are operating within normal conditions. A clinical status of Level 1 indicates that hospital clinical resources are operating at Level 1 surge conditions. The hospital activates procedures to provide a rapid in-patient intake capability (i.e. stop elective procedures, expedite early discharges and utilize 100 percent of staffed beds). A clinical status of "full" indicates that hospital clinical resources are exceeded and acceptable care cannot be provided to additional patients. Diversion or Community surge response is required.

#### 2.0 COVID-19 CASES

### 2.1 Summary of Cases

Cases in both districts have increased over the past few weeks after recent lows in late October and early November. There is a **7-day total case rate** of **161.87** new cases per 100,000 population in Richmond and **225.50** new cases per 100,000 population in Henrico. In both Richmond City and Henrico County, the level of community transmission is still considered **High** according to the <u>CDC Covid Data Tracker</u>.

In both districts, females comprise a higher proportion of cases. In Richmond, 20-29 year olds continue to lead case counts both cumulatively and in the last four weeks. In Henrico, individuals 80 and older lead cumulatively, but 0-9 year olds comprise the highest case rate in the last four weeks, followed by 10-19 year olds and 20-29 year olds. Regarding race and ethnicity, the highest incidence of cases in Richmond is still among Black individuals, both cumulatively and in the last four weeks. In Henrico, cases are highest both cumulatively and over the last four weeks among White individuals. Cases in the last four weeks are disproportionately high for White individuals but disproportionately low for Black individuals, while cumulatively, the reverse is true. In both districts, the percentage of cases among the Latino population is disproportionately high cumulatively as compared to their population percentage but closer to their population percentage more recently.

## 2.2 Case Reporting Trends by Date

Source: VDH COVID-19 Cases & Testing Locality Dashboard

Number of New Cases Reported^	7-Day Average Number of Daily New Cases Reported	7-Day Average Number of New Daily Cases Reported, Rate per 100,000 Population	Total Number of New Cases per 100,000 Population within last 14 days
43	57	25.0	326.1

Report Date Daily Cases Counts for past 90 Days Richmond City

129

140

120

100

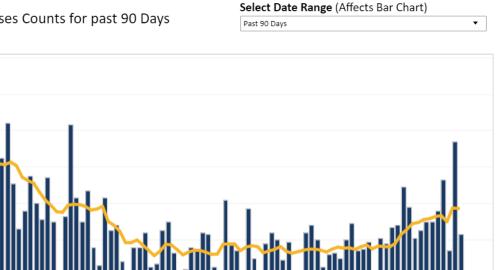
80

60

40

20

0 Sep 8



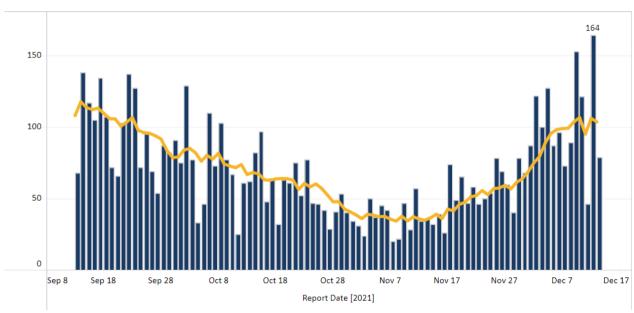
Amidst some notable fluctuations, cases in Richmond City generally decreased from late August through late October. During the month of November, daily new cases showed mild upticks and a plateauing trendline. Data from December indicates an increase in daily cases. All data is subject to lags in reporting.

Report Date [2021]

Daily Cases Reported, per 100,000 Population within last 14	oulation days
v	Total Number of No Daily Cases Reported, per 100,000 Population within last 14

Report Date Daily Cases Counts for past 90 Days Henrico

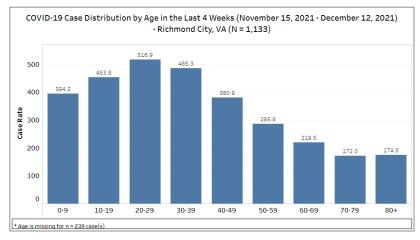




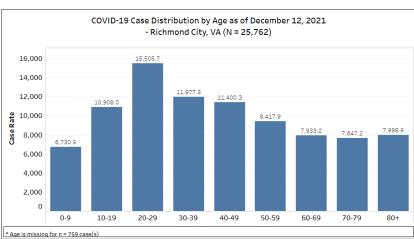
 From late August through the first few weeks of November, daily new cases generally decreased. During the month of November, the trend in daily new cases experienced a gradual increase. This increase has accelerated in December. All data is subject to lags in reporting.

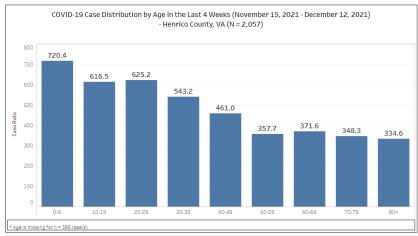
## 2.3 Cases by Age Group by County

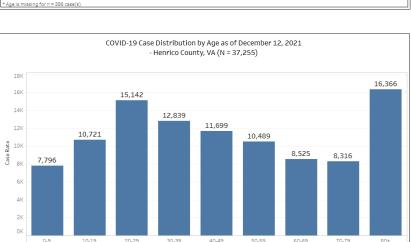
Population totals are based on 2019 data from the National Center for Health Statistics (NCHS). Please note - this is a change from previous reports which used Census data to estimate population by age group.



- In Richmond City, individuals aged 20-29 have the highest case rates in the last four weeks, closely followed by individuals aged 10-19 and 30-39. Individuals aged 20-29 have the highest case rate cumulatively.
- Case burdens for individuals 60 and over are notably down in the last four weeks compared to cumulatively.







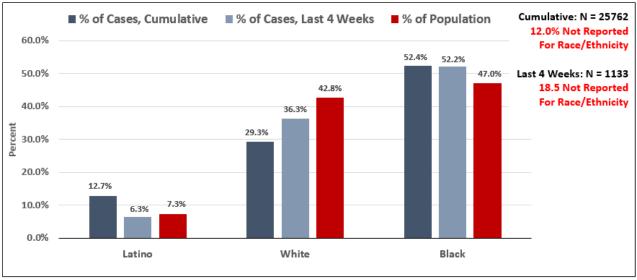
\* Age is missing for n = 863 case(s)

- In Henrico, individuals aged 0-9 have the highest case rates in the last four weeks, followed by individuals aged 20-29. Individuals aged 80+ the highest case rate cumulatively followed by those 20-29.
- Case burdens for individuals 40 and over are notably down in the last four weeks compared to cumulatively.

## 2.4 Cases & Population Proportions by Race & Ethnicity by County

Population totals are based on 2019 data from the National Center for Health Statistics (NCHS).

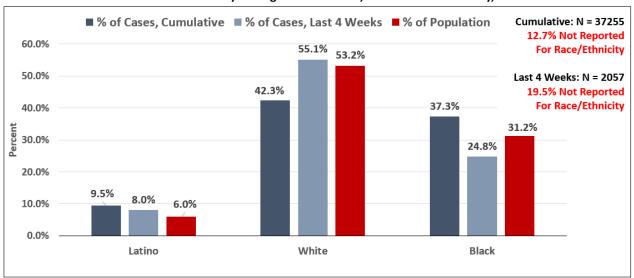
COVID-19 Case Distribution by Race and Ethnicity in the Last 4 Weeks (November 15, 2021 – December 12, 2021)and Cumulatively through December 12, 2021 Richmond City, VA



<sup>\*</sup> NCHS population estimates are not available for Two or More Races (286 total cases) or Other Race (524 total cases) and thus they are absent from the plots.

In the last 4 weeks of Richmond, the case burden for Black and Latino individuals (52.2% and 12.5% respectively) is disproportionately high relative to their population percentage (47% and 7.3% respectively), while the case burden for White individuals is disproportionately low (39.7%) relative to their population percentage (42.8%).

COVID-19 Case Distribution by Race and Ethnicity in the Last 4 Weeks (November 15, 2021 – December 12, 2021)and Cumulatively through December 12, 2021 – Henrico County, VA



<sup>\*</sup> NCHS population estimates are not available for Two or More Races (479 total cases) or Other Race (1228 total cases) and thus they are absent from the plots.

■ In Henrico in the last four weeks case burdens for White individuals (55.1%) are relatively high compared to their proportion of the population (53.2%). The case burden for Black individuals (24.8%) is lower than their respective proportion of the population (31.2%).

<sup>\*</sup> Missing and Unknown Ethnicities were assumed to be of Non-Hispanic ethnicity.

<sup>\*</sup> Cases among individuals identifying as Asian or Pacific Islander or Native American are suppressed (counts < 5)

<sup>\*</sup> Missing and Unknown Ethnicities were assumed to be of Non-Hispanic ethnicity.

<sup>\*</sup> Cases among individuals identifying as Native American are suppressed (counts < 5)

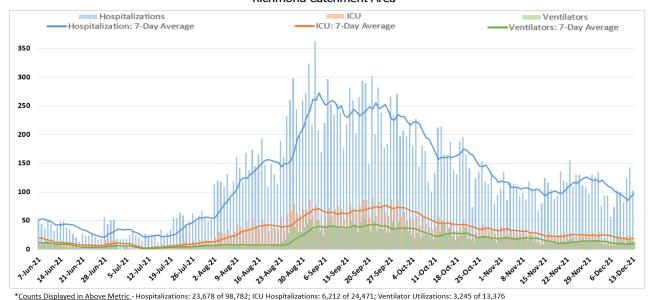
## 3.0 Hospitalizations & Fatalities

## 3.1 Summary of Hospitalizations & Fatalities

Among Richmond City and Henrcio residents, **hospitalizations** based on confirmed dates of admission have continued to fluctuate following an uptick during late October. During the week of December 7 and 13, Less than **5 new hospitalizations** were observed in Richmond and in Henrico. **Fatalities** peaked during the week of September 7 in Richmond, and the week of September 14 in Henrico, with **14 fatalities** reported in each of the districts. In Richmond, a recent uptick can be noted during the week of November 2. **Data related to hospitalizations and deaths are subject to sizable amounts of lag.** 

## 3.2 COVID-19 Hospitalization, ICU, & Ventilator Utilization (VHASS)

Total Daily COVID-19 Hospitalizations, ICU Hospitalizations, and Ventilator Utilizations
June 7, 2021 – December 13, 2021
Richmond Catchment Area



Hospitalizations, ICU Hospitalizations, and Ventilator Utilizations in the Richmond
Catchment area overall decreased with some fluctuations from late September through the
first half of November. Since then, hospitalizations have fluctuated around that early
November level. All data is subject to lags in reporting.

#### 4.0 VACCINATION

## **4.1 Vaccine Summary**

In Richmond City and Henrico County Health Districts, anyone aged 5 or older is eligible to receive a vaccine. As of December 13, 68.7% of the region's population has received at least one dose of the vaccine. 61.8% of the region's population has been fully vaccinated. Approximately 66.7% of the combined Richmond City and Henrico County population has received at least one dose and 61.8% of the two districts' combined population has been fully vaccinated. A growing number of 24.8% had received a booster.

In both Richmond City and Henrico County, older age groups have consistently been vaccinated at a higher rate than younger age groups. In Richmond City, the 70% vaccination benchmark has been met by individuals aged 65 and over. In Henrico County that same benchmark was recently met by individuals aged 30 and over and all groups 12> are now over 70% in the "at least one dose" category.

This section includes an estimated breakdown of vaccination uptake by race, sex, and age subgroups.

## 4.2 Percentage of Vaccination Goals Reached by Population

		POPULATION	PEOPLE WITH AT LEAST ONE DOSE	PEOPLE FULLY VACCINATED
	5-11	15,198	3,103 (20.4%)	1,919 (12.6%)
D: 1	12-17	11,150	6,615 (59.3%)	5,742 (51.5%)
Richmond	18+	190,750	125,649 (65.9%)	113,493 (59.5%)
	65+	31,809	25,601 (80.5%)	23,613 (74.2%)
	5-11	28,406	7,835 (27.6%)	4,329 (15.2%)
Henrico	12-17	25,954	19,083 (73.5%)	17,146 (66.1%)
Tiemico	18+	256,660	208,569 (81.3%)	191,410 (74.6%)
	65+	52,720	49,406 (93.7%)	45,836 (86.9%)

Population totals are based on 2019 data from the National Center for Health Statistics (NCHS). Please note - this is a change from previous reports which used Census data to estimate population by age group.

### 4.3 Vaccinations by Locality as of December 13, 2021

Source: vdh.virginia.gov

HEALTH DISTRICT	LOCALITY	TOTAL POPULATION	PEOPLE WITH AT LEAST ONE DOSE	PEOPLE FULLY VACCINATED	PEOPLE WITH BOOSTERS
	Chesterfield	352,802	241,251	217,152	64,528
Chesterfield	Colonial Heights	17,370	10,677	9,344	2,641
	Powhatan	29,652	17,286	15,839	4,980
	Charles City	6,963	4,605	4,281	1,229
Chickahominy	Goochland	23,753	17,950	16,796	5,509
Chickanominy	Hanover	107,766	76,352	70,932	20,805
	New Kent	23,091	14,434	13,347	4,109
Henrico	Henrico	330,818	235,487	212,885	63,882
Richmond	Richmond City	230,436	135,367	121,154	37,053
Total		1,122,651	753,409	681,730	204,736

Population totals are based on 2019 data from the National Center for Health Statistics (NCHS). Please note - this is a change from previous reports which used Census data to estimate population by age group.

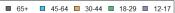
## 4.4 Vaccine Distribution by Age Group over Time

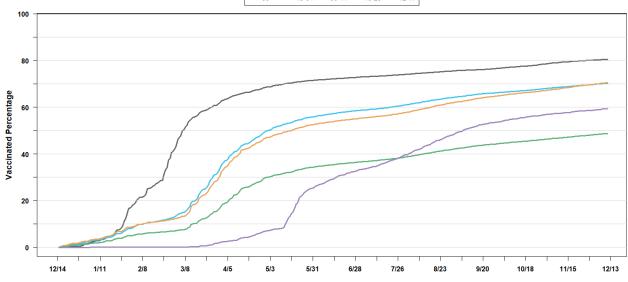
Adjustments have been made to the underlying calculations for this metric. As a result i) group and sub-group percentages may appear lower than they did in previous reports ii) figure totals (N) are now in alignment with the counts of individuals with at least one dose, as shown in section 5.3.

The following charts track vaccination percentage by age group over time since vaccinations first began in mid-December. **Note: These plots exclude individuals under 12, so the total vaccinations reported for each plot will not match the numbers reported in other sections.** 

- Individuals 65 and over in Richmond, 45 and over in Henrico, and 65 and over in Henrico represent the three highest vaccination percentages, with uptake near or over 80%.
- In most cases, older age groups within a locality have achieved higher vaccination percentages than younger age groups in the same locality.
- Henrico age groups have achieved higher vaccination percentages than their corresponding Richmond age groups and many younger age groups in Henrico have achieved higher percentages than older age groups in Richmond.
- After later access to vaccination, individuals 12 to 17 have seen a notable increase in vaccinations while the pace of new vaccinations amongst individuals 18 to 29 have slowed (outside of a minor increase in pace in August), leading to the younger age group surpassing the older one in both Richmond and in Henrico. The pace of vaccinations among individuals 12 to 17 has since slowed in recent weeks.
- All data is subject to lags in reporting, particularly in recent weeks.

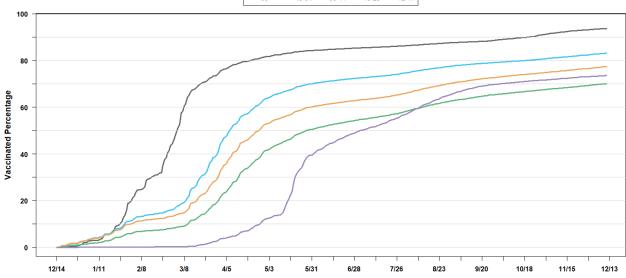
## Vaccinated Percentage (At Least One Dose) by Age Group for Eligible Individuals in Richmond (N = 132,264)





## Vaccinated Percentage (At Least One Dose) by Age Group for Eligible Individuals in Henrico (N = 227,652)





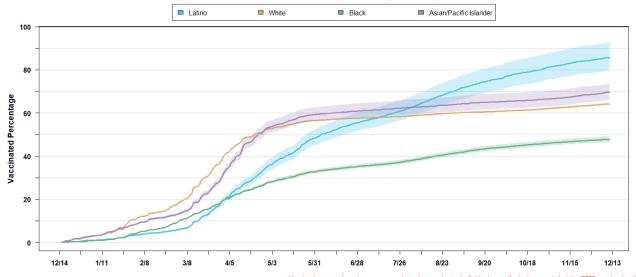
## 4.5 Vaccine Distribution by Race/Ethnicity over Time

Adjustments have been made to the underlying calculations for this metric. As a result i) group and sub-group percentages may appear lower than they did in previous reports ii) figure totals (N) are now in alignment with the counts of individuals with at least one dose, as shown in section 5.3.

The following charts track vaccination percentages by race and ethnicity over time since vaccinations first began in mid-December. **Note: These plots exclude individuals under 12, so** the total vaccinations reported for each plot will not match the numbers reported in other sections.

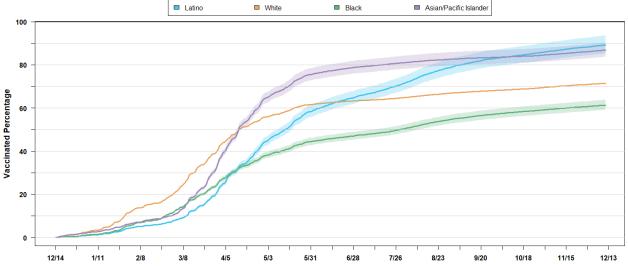
- Through spring, White individuals and Asian or Pacific Islander individuals generally had higher vaccination percentages in both Richmond and Henrico
- White individuals maintained the highest vaccination percentage through early April in Richmond and late April in Henrico before Asian or Pacific Islander individuals surpassed them for the highest percentages.
- In early months, vaccination percentages of both Latino and Black individuals were lower, with Black individuals still comprising the lowest vaccinated percentage as of today.
- Latino individuals saw an acceleration in vaccination rates beginning in early March after a slow start and have since surpassed White individuals in vaccine uptake in both Richmond and Henrico. They also possess the highest vaccination percentage overall in Richmond, between about 80% and 93%.
- In Henrico, Asian or Pacific Islander individuals and Latino individuals have reached vaccination percentages between 84% and 94%, while White individuals fall around 71% to 72% and Black individuals fall between 59% and 64%.
- Vaccination percentages are notably lower in both Richmond and Henrico for Black individuals.
- All data is subject to lags in reporting, particularly in recent weeks.

## Vaccinated Percentage (At Least One Dose) by Race & Ethnicity for Individuals 12 and Over in Richmond (N = 132,264)



## Vaccination rates by subgroup are underestimates due to individuals not disclosing race/ethnicity (8555 vaccinations). American Indian individuals (636 vaccinations) excluded due to unreliable vaccination rate calculations.

## Vaccinated Percentage (At Least One Dose) by Race & Ethnicity for Individuals 12 and Over in Henrico (N = 227,652) Latino ■ Black



Vaccination rates are underestimates due to individuals not disclosing race/ethnicity or reporting 'Other Race' (17598 and 9380 vaccinations, respectively).

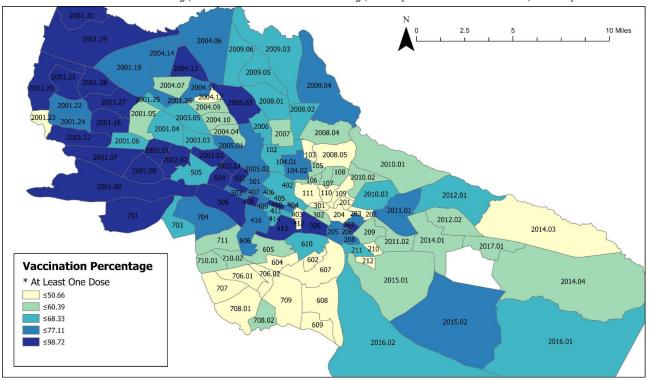
American Indian Individuals (1544 vaccinations) excluded due to unreliable vaccination rate calculations.

## 4.6 Vaccine Distribution Maps

Below are maps that compare vaccination uptake percentage and COVID-19 burden by census tract. The data collected is consistent with statewide and national data trends; lower income communities of color tend to experience more severe outcomes of COVID-19, yet are disproportionately undervaccinated. RHHD monitors this data as part of its equity-driven approach; this data is used to assist program managers in strategically standing up vaccination opportunities, outreach, and education efforts in areas that are in highest need.

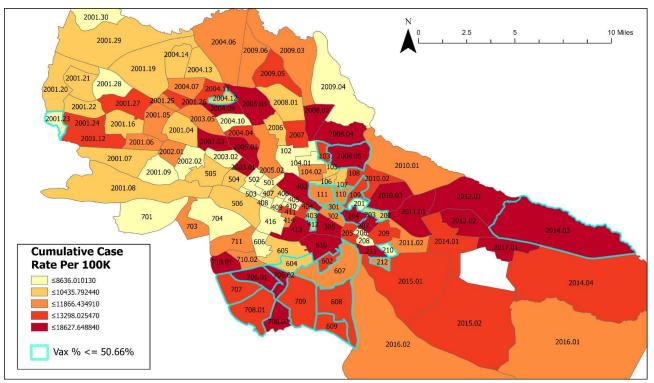
These percentages are estimations, and are solely intended for use in the planning and facilitation of outreach events.

Vaccination Percentage by Census Tract Richmond City, VA & Henrico County, VA (December 12th, 2021)



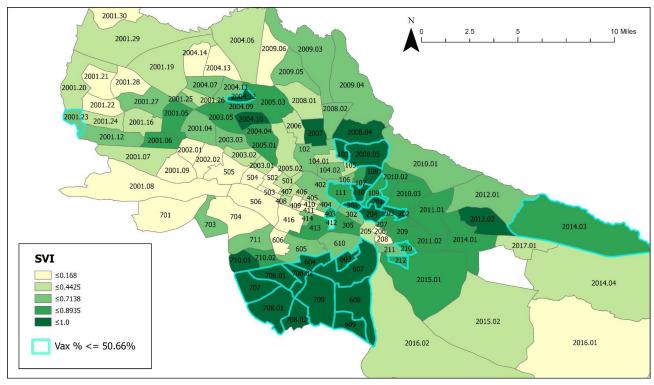
\*Percentage of population receiving at least one dose

# COVID-19 Case Rate per 100k & Low Vaccination Percentage Tracts Richmond City, VA & Henrico County, VA (December 12th, 2021)



\*Percentage of population receiving at least one dose

## Social Vulnerability & Low Vaccination by Census Tract Richmond City, VA & Henrico County, VA (December 12th, 2021)



\*Percentage of population receiving at least one dose

- Social vulnerability is based on the CDC's <u>Social Vulnerability Index</u>, last updated in 2018.
- COVID-19 vaccination percentages reflect the percentage of the Total
   Population within each tract that has been vaccinated. Data are sourced from the Virginia Immunization Information System (VIIS).
- **COVID-19 case rates** reflect **Cumulative** cases per 100,000 census tract population and are sourced from the Virginia Electronic Disease Surveillance System (VEDSS).
- Population estimates are from the US Census 2019 ACS Community Survey
   5-year estimates.
- SVI, vaccination percentage, and case rates are visualized on these maps using the quantiles classification method, dividing the range into 5 groups, each containing the same number of observations (census tracts).

## **5.0 Glossary**

#### 7-day average number of new daily cases

Recurrent average of the number of cases for each consecutive 7-day period regardless of data availability.

#### 7-day total case rate per 100,000

Calculated by adding the number of new cases in the county (or other administrative level) in the last 7 days divided by the population in the county (or other administrative level) and multiplying by 100,000. **7-day total case rate per 100,000** is considered to have a transmission level of Low (0-9.99), Moderate (10.00-49.99), Substantial (50.00-99.99), or High (greater than or equal to 100.00).

#### **Antigen**

Antigens are molecules capable of stimulating an immune response. Antigen tests are commonly used in the diagnosis of respiratory pathogens such as the COVID virus.

#### **Assisted living facilities**

A housing facility designed for people with disabilities or adults who cannot/decide not to live independently

#### At least one dose

This metric includes everyone who has received only one dose [including those who received one dose of the single-shot Johnson and Johnson's Janssen COVID-19 vaccine] and those who received more than one dose.

#### Case rate

the number of cases per 100,000 people in the population. Calculation: ((Confirmed Cases + Probable Cases)/Population Estimate)\*100,000

#### **Community Transmission**

Refers to when an individual is infected with the COVID in an area, including some who are not sure how or where they became infected. Community Transmission is low when less than 10 new cases per 100,000 persons in the past 7 days OR <5% of positive NAATs tests during the past 7 days. Nucleic Acid Amplification Test, or NAAT, is a type of viral diagnostic test for SARS-CoV-2, the virus that causes COVID-19

#### **Confirmed Case**

A confirmed case is an individual who had a confirmatory viral test performed by way of a throat swab, nose swab or saliva test and that specimen tested positive for SARS-CoV-2, which is the virus that causes COVID-19.

#### **Congregate settings**

A setting where a number of people reside, meet or gather in close proximity for a period of time. Examples include homeless shelters, prisons, detention centers, schools and workplaces.

#### Cumulative

Consisting of accumulated parts created by successive additions - In the context of this report "cumulative" refers to the total number of things (cases, vaccinations, deaths, ect) that have occured during the time frame referenced.

#### **Fully Vaccinated**

For the purposes of this report an individual is considered fully vaccinated after receiving two doses of either the Pfizer-BioNTech COVID-19 vaccine (COMIRNATY) or the Moderna COVID-19 vaccine, or after receiving one dose of the Janssen (Johnson & Johnson) COVID-19 vaccine.

#### High density workplaces

Workplace settings in which individuals are there for long time periods (e.g., for 8-12 hours per shift), and have prolonged close contact (within 6 feet for 15 minutes or more).

#### Hospitalizations

Number of confirmed & pending COVID-19 patients receiving inpatient hospital care or utilizing an inpatient hospital bed (e.g., observation status) AND being treated for COVID-19 related complications. This metric is not cumulative; only report current counts at the time the user updates VHASS. This metric excludes confirmed inpatients in the hospital for primary reasons other than COVID complications.

#### **ICU** hospitalizations

Number of confirmed & pending COVID-19 patients receiving inpatient hospital care and are utilizing an Intensive Care Unit (Adult CC) bed for treatment related to COVID-19 complications. This metric is not cumulative; only report current counts at the time the user updates VHASS. This metric excludes confirmed inpatients in the hospital for primary reasons other than COVID complications.

#### **Independent living facilities**

Housing arrangements and communities for older adults that range from apartment-style communities to housing co-ops. It is designed for seniors who can still live independently

#### Locality

A community in which people live. The Commonwealth of Virginia is divided into 95 counties, along with 38 independent cities that are considered county-equivalents for census purposes. For the purpose of this report, the term "Locality" is used to refer to one of these 133 independent communities. The boundaries of the Richmond City Health Department and Henrico Health Department closely align with the boundaries of the Richmond City and Henrico County localities, but that is not the case with many other health districts across the state.

#### Long-term care facilities

Housing facilities for people with disabilities or for adults who cannot or who choose not to live independently.

#### **NCHS**

The National Center for Health Statistics who releases bridged-race population estimates of the resident population of the United States for use in calculating the Nation's official vital statistics

#### **PCR**

PCR stands for polymerase chain reaction. The test isolates genetic material from a patient sample and duplicates it many times, allowing for the presence of Covid-19 genetic material to be detected if present. The PCR test is the strongest and most reliable Covid-19 test currently available.

#### Percent positivity

For each event is calculated by dividing the number of tests yielding a 'Detected' result by the summed number of 'Detected' and 'Not Detected' results, and then multiplying this number by 100 to get a percent.

#### **Population Estimate**

Unless otherwise stated, population totals are based on 2019 data from the National Center for Health Statistics (NCHS). Please note- this is a change from some previous reports which used aggregated Census data regarding population by age group.

#### **Probable Case**

A probable case is an individual who has not had a confirmatory test performed but has: a positive antigen test, or clinical criteria of infection and is at high risk for COVID-19 infection (e.g. healthcare worker)

#### **Provider Category**

Health Department, Pharmacy, Health System, Community Provider, Safety Net, Other Locality

#### Race/Ethnicity

Prioritizes Hispanic Ethnicity over Patient stated Race, consolidates into groups: Hispanic, Asian & Pacific Islanders, White, Black, Native American & Unreported

#### Resident

Person(s) who self indicate, through census enumeration, medical documentation, or registration information that their primary residence is within the locality or health district referenced

#### Richmond catchment area

Hospital jurisdictions that serve the population of the greater Richmond metropolitan area: these include the hospital jurisdictions of Hanover, Henrico, Chesterfield, and Richmond City.

### Sara Alert

Virginia based voluntary contact monitoring platform; individuals can update local health departments on their health status during the period of time they are participating in public health monitoring. The Sara Alert system is secure and always contacts users from the same phone number or email: 844-957-2721 or notifications@saraalert.org.

#### **Social Vulnerability**

The potential negative effects on communities caused by external stresses on human health. Such stresses include natural or human-caused disasters, or disease outbreaks. Reducing social vulnerability can decrease both human suffering and economic loss. More information on the CDC's Social Vulnerability Index can be found at https://svi.cdc.gov/

#### **Spread**

COVID-19 spreads when an infected person breathes out droplets and very small particles that contain the virus. These droplets and particles can be breathed in by other people or land on their eyes, noses, or mouth. In some circumstances, they may contaminate surfaces they touch. People who are closer than 6 feet from the infected person are most likely to get infected.

#### **Suspect Case**

Meets supportive laboratory evidence, with no prior history of being a confirmed or probable case. For suspect cases, jurisdictions may opt to place them in a registry for other epidemiological analyses or investigate to determine probable or confirmed status.

#### **Tested Count**

Represents all individuals who received a 'Detected', 'Not Detected', or 'Inconclusive' result (Records from individuals who registered for an event but who were not tested were removed prior to this analysis).

#### **Testing Encounter**

Instance where COVID-19 test is administered to a person in the community via a known provider.

#### **Vaccination Percentage**

The number of individuals vaccinated divided by estimated population of a referenced community, locality or health district - Whether "Vaccinated" refers to "Fully vaccinated" or "At least one dose" should be clarified in the specific metric.

#### **VEDSS**

Virginia Electronic Disease Surveillance System (VEDSS) is the primary data system used by the Virginia Department of Health (VDH) for disease surveillance. VEDSS is used to track COVID-19 cases and laboratory reports.

#### **Ventilator utilizations**

The number of Ventilators currently in use to treat patients diagnosed with Covid-19 amongst hospitals within the Richmond Catchment Area.

#### **VHASS**

The Virginia Healthcare Alerting and Status System (VHASS) is the data system used to collect information on hospital status, resources, and critical care capabilities. VHASS helps in the distribution of critical emergency management information needed by Virginia hospitals and healthcare providers.

#### VIIS

The Virginia Immunization Information System (VIIS) is Virginia's statewide immunization registry that contains immunization data of persons of all ages.

#### **ZCTA**

ZIP Code Tabulation Areas (ZCTAs) are generalized areal representations of United States Postal Service (USPS) ZIP Code service areas.